

**Office of Administration**  
**Commissioner's Office**  
 Contract Period July 1, 2015 – June 30, 2016  
**"Request for Preauthorization for Other Services"**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name                      Date Enrolled 10-18-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
5-1-17	Insurance (Full Coverage) down payment	\$234.00	[REDACTED] has been an A2A client since 10-18-16. She is following through with appointments and classes. [REDACTED] is recently unemployed and cannot currently earn an income as she is due with her third child on 5-8. She is currently uninsured and needs a legal car to look for work after maternity leave as well as to get to classes, and necessary appointments. There are no other resources available to assist with this expense.
	Monthly Premium for May 2017	\$186.00	
Amt to be reimbursed		\$420.00	

Authorized person requesting purchase: Janet Doss Date: 5-1-17

Alliance for Life Program Manager: [Signature]

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

MAY-1-2017 11:25 FROM:  
04/30/2017 22:51 417-837-0110  
5/1/2017

4178644901  
THE INSURANCE HOUSE  
ITC TurboRater - Breakdown(Amber Miller)

TO:18558565240 P.2/3  
PAGE 01/02  
FAX 877-0850

Missouri Personal Auto Comparative Rating System  
THIS IS A QUOTE ONLY! NO COVERAGE PROVIDED BY THIS DOCUMENT

Insured Information:

Name: [REDACTED]  
Address: [REDACTED]  
City, State: [REDACTED]  
ZIP: [REDACTED]  
Phone Number: [REDACTED]  
Cell Number: ( ) - [REDACTED]  
Work Number: ( ) - [REDACTED]  
Quote Number: [REDACTED]

Agent Information:

Name: The Insurance House  
Address: 2603-B N. Kansas Expressway  
City, State: Springfield, Missouri 65803  
ZIP: [REDACTED]  
Phone Number: 417-837-0100  
Website: [REDACTED]  
Producer Code: [REDACTED]

Company: First Chicago Maverick RTR  
Rates Effective: [REDACTED]  
Policy Term: Semi-Annual  
Quote By: Ed Nordstrom

Quote Date/Time: 5/1/2017 10:49:57 AM  
Policy Effective: 5/1/2017  
Policy Tier: [REDACTED]  
Lead Source: Previous Customer

ITC Transaction ID: [REDACTED]  
UDD Status: Not Ordered  
HOV Status: Not Ordered  
Driver Information: [REDACTED]  
Driver DOB: [REDACTED]  
SR-22: No  
Points: 0  
Symbol: [REDACTED]  
ZIP Code: [REDACTED]  
City: [REDACTED]  
County: [REDACTED]  
Region: [REDACTED]  
Veh Usage: Work/School  
Comprehensive Deductible: 500  
Collision Deductible: 500  
Liability BI: 25000/50000 180.00  
Liability PD: 10000 212.00  
Uninsured BI: 25000/50000 41.00  
Comprehensive: 231.00  
Collision: 401.00  
Subtotal: 1,065.00  
Broker Fee (Applied to DP) - Pol: 30.00  
Policy Fee: 12.00  
Total Premium: 1,107.00

Down Pay	Amt. Financed	Payment Plan # of Payments	Payment Amount	Payment Total
\$234.00	\$873.00	8	\$186.60	\$933.00

Veh	VIN	Make	Model	Year
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Vehicle Attributes

Attribute	Veh 1
Primary Operator	1
Actual Cash Value	0
Air Bag	Both Sides
Anti-Lock Device	All Anti-Lock
Anti-Theft Device	Anti-Theft
Annual Miles Driven	Level 1
Front Wheel Drive	12000
Fuel Type	Yes
Miles Driven	Gas
MSRP	0
Number of Cylinders	24535
Number of Doors	6
Passive Restraint	4
Vehicle Type	Both Sides
Monitoring Device	Car

Driver Attributes

Attribute	Drv 1
Name	[REDACTED]
Bankruptcy/Lien	No



234/186  
Full Coverage  
120/83  
LIABILITY